

PART B - FEE(S) TRANSMITTAL

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23364 7590 04/11/2007

BACON & THOMAS, PLLC
625 SLATERS LANE
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ALEXANDRIA, VA 22314
Attn: Benjamin E. Urcia

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/680,426	10/08/2003	Joe D. Brown	BROW3007/BEU	4189

TITLE OF INVENTION: APPARATUS AND METHOD FOR CAUSING DEFLECTION OF A SURGICAL INSTRUMENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	07/11/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS			
FARAH, AHMED M		3735	606-001000			

07/11/2007 AWONDAF2 00000101 10660426
 01 FC:2501
 02 FC:1504
 700.00 OP
 300.00 OP

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 _____
- 2 Bacon & Thomas, PLLC
- 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies _____

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- ☒ A check is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-0200 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date 7/10/07

Typed or printed name

Benjamin E. Urcia

Registration No. 33,805

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: **JOE D. BROWN**

SERIAL NO.: 10/680,426

FILED: October 8, 2003

FOR: APPARATUS AND METHOD FOR CAUSING
DEFLECTION OF A SURGICAL INSTRUMENT

GROUP ART UNIT: 3735

EXAMINER: Ahmed M. FARAH

ATTY. REFERENCE: BROW3007/BEU

COMMISSIONER OF PATENTS

P.O. Box 1450

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Sir:

The below identified communication(s) or document(s) is(are) submitted in the above application or proceeding:

- | | |
|--|--|
| <input type="checkbox"/> Declaration | <input checked="" type="checkbox"/> Issue Fee Transmittal - Part B |
| <input type="checkbox"/> Priority Document | <input checked="" type="checkbox"/> Check - \$1000 (\$700 - IF/\$300-Pub. Fee) |
| <input type="checkbox"/> Formal Drawings | <input type="checkbox"/> Application Data Sheet |
| | <input type="checkbox"/> Assignment |

☒ Please debit or credit **Deposit Account Number 02-0200** for any deficiency or surplus in connection with this communication. A duplicate copy of this sheet is provided for use by the Deposit Account Branch.

☐ Small Entity Status is claimed.

☐

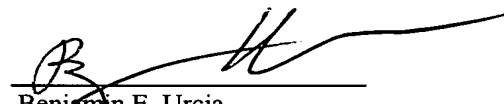
23364

Customer Number

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DATE: July 10, 2007

Respectfully submitted,



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